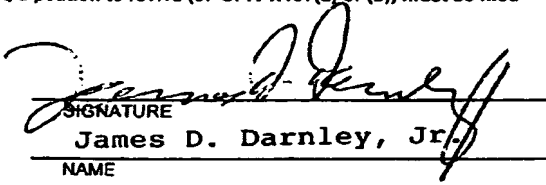


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

U.S. APPLICATION NO. (if known, see 37 CFR 1.5) <b>10/521513</b>		INTERNATIONAL APPLICATION NO. <b>PCT/US2003/022440</b>		ATTORNEY'S DOCKET NUMBER <b>A163 US</b>	
21. The following fees are submitted:				Applicant use	Office use only
<input checked="" type="checkbox"/> a) Basic national fee..... \$300.00				\$	
<input checked="" type="checkbox"/> b) Examination fee..... \$200.00				\$	
<input checked="" type="checkbox"/> c) Search fee..... \$500.00				\$	
<b>TOTAL OF ABOVE CALCULATIONS = \$1000.00</b>				\$	1,000.00
<input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250 for each additional 50 sheets of paper or fraction thereof.					
Total Sheets	Extra sheets	Number of each additional 50 or fraction thereof (round up to a whole number)	RATE		
89 - 100 =	/50 =		x \$250.00	\$	
Surcharge of \$130.00 for furnishing the oath or declaration later than 30 months from the earliest claimed priority date (37 CFR 1.492(e)).				\$	
CLAIMS	NUMBER FILED	NUMBER EXTRA	RATE	\$	
Total claims	40 - 20 =	20	x \$50.00	\$	1,000.00
Independent claims	3 - 3 =	0	x \$200.00	\$	
MULTIPLE DEPENDENT CLAIM(S) (if applicable)			+ \$360.00	\$	360.00
<b>TOTAL OF ABOVE CALCULATIONS =</b>				\$	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.				\$	
<b>SUBTOTAL =</b>				\$	
Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492(f)).				\$	
<b>TOTAL NATIONAL FEE =</b>				\$	2,360.00
Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property				\$	
<b>TOTAL FEES ENCLOSED =</b>				\$	2,360.00
Amount to be refunded:				\$	
Amount to be charged				\$	
a. <input type="checkbox"/> A check in the amount of \$ _____ to cover the above fees is enclosed.					
b. <input checked="" type="checkbox"/> Please charge my Deposit Account No. <u>02-2327</u> in the amount of \$ <u>2360.00</u> to cover the above fees. A duplicate copy of this sheet is enclosed.					
c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>02-2327</u> . A duplicate copy of this sheet is enclosed.					
d. <input type="checkbox"/> Fees are to be charged to a credit card. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the International Application to pending status.					
SEND ALL CORRESPONDENCE TO:					
Biogen Idec Inc. 14 Cambridge Center Cambridge, MA 02142					
SIGNATURE  NAME <b>James D. Darnley, Jr.</b> 33,693 REGISTRATION NUMBER					